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ABSTRACT

This conference report contains a list of conference participants, conference schedule, keynote speeches, excerpts from selected workshops, and participants' responses to a conference evaluation questionnaire. The Director of the Bureau of Child Health in New York City emphasized in her keynote speech the importance of health care and outlined two models of adequate, comprehensive Day Care health programs. In a second keynote speech, the Commissioner of the Agency for Child Development explained the necessity of organizing a children's lobby in New York State to make legislators and public officals responsive and accountable for providing publicly funded early childhood education, health services, and nutrition services. Workshop reports focused on a number of issues pertaining to preparation for day care, programs in day care, parents and community in day care, and children in day care. (CS)

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Conference Proceedings of

April 29, 1972

Edited by
Thelma C. Adair, Ed.D.
Judy I. Schwartz, Ph.D.

Queens College of the City University of New York
Flushing, New York

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Rationale for Conference

At this moment in history the need for developing a conference around the concerns of Day Care is paramount. Among the most immediate issues in this impetus are the following:

1. The majority of children under six can benefit from good quality group experiences;
2. Recent developments in many disciplines such as education, anthropology, psychology, sociology, pediatrics, health, and nutrition have highlighted the crucial nature of intervention in the early years for preventative and compensatory reasons;
3. The need for adequate care outside of the home for approximately eleven million children exists because parents or guardians work in order to care adequately for their children;
4. The need to facilitate family and community involvement and communication through the provision of services for their children;
5. The demand by increasing numbers of persons within society for Day Care to be provided for all children, thereby freeing family and other concerned persons to participate more fully in the larger society;
6. The search for greater relevance of educational experiences;
7. Increased differentiation of job responsibilities within agencies that has necessitated redefinition of occupational responsibilities;
8. Recognition of the interrelatedness of disciplines and the need for a more integrated approach in the training of staff for employment in service agencies;
9. Our society has not actualized in fact its commitment to child-centered education.

Historically, the Early Childhood faculty at Queens College has been committed to the search for better programs for young children. This has been evidenced in a variety of ways: Early Childhood Center; Queens College Children and Parents Center; School University Teacher Education Center; and the active and continued involvement of faculty in programs and agencies at local, state, national, and international levels.

Increasingly, the public is expecting and demanding that educational institutions be more responsive to societal issues and concerns. Day Care is singular in that it has become a focal point of concern for a broad spectrum of groups at the local and national level.

The Early Childhood faculty at Queens College willingly accepts its responsibility for assisting in the preparation of personnel who will provide quality care for children in Day Care centers.

Good programs for young children will depend upon the development of a reciprocal relationship between those agencies providing services for young children and the institutions preparing persons for the staffing of such programs.

It was hoped that this conference would act as a catalyst in bringing together agencies and personnel providing services to young children, students-in-training, parents, and college faculty in order that a dialogue around Day Care issues might emerge.

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Conference Participants

CONFERENCE PRESENTERS

EARLY CHILDHOOD EDUCATION FACULTY OF QUEENS COLLEGE
JAMAICA HEALTH CENTER
PEDIATRICS DEPARTMENT, JAMAICA HOSPITAL
QUEENS PEDIATRIC SOCIETY
QUEENS COLLEGE DAY CARE CONFERENCE COMMITTEE
Co-chairwomen: Thelma C. Adair, Ed.D.
Judy I. Schwartz, Ph.D.

CONFERENCE CO-SPONSORS

American Academy of Pediatrics, New York State Chapter 2

Booth Memorial Hospital Medical Center

Catholic Charities of Manhattan

Community Life Center, Inc.

Directors Group–Queens Council of Cooperative Nursery Schools

Early Childhood Education Council of Nassau County

Englewood Day Nursery School

Federation of Protestant Welfare Agencies, Inc.

Flushing Hospital & Medical Center

Hackensack Day Care Center

Leonard Johnson Day Nursery of the Social Service Foundation of Englewood

Lloyd T. Delaney Day Care Center, Queens College

Lifeline Center for Child Development

Lodi Head Start

More Effective Schools Citywide Parenthood Association of New York

New Jersey Elementary, Kindergarten, Nursery Educators

Office of Education Strategy, UPC

United Celebral Palsy of Queens

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FEATURED SPEAKERS

Dr. Margaret Grossi, Director, Bureau of Child Health, New York City Department of Health

Commissioner Georgia McMurray, Agency for Child Development, Human Resources Administration

Conference Summarizer: Dr. Eleanor Downs, Associate Professor Public Health Practices, Columbia University

WORKSHOP LEADERS*

Mrs. Dorothy Arrington, Early Childhood Supervisor, District 16, NYC Board of Education

Marvin L. Blumberg, M.D., Chairman, Department of Pediatrics, The Jamaica Hospital

Mrs. Nancy Bogin, Coordinator, Experimental Pre-Kindergarten and Demonstration Center of New Rochelle

Howard Brown, Architects' Renewal Committee in Harlem

Luis Colón, Executive Director, Bethesda Day Care Center of Brooklyn

Eunice Cox, Lecturer, Queens College Department of Education

Mrs. Marie Durdin, Director, Louis Pink Child Care Center

Mrs. Marion Ea[illegible]on, Director, Hudson Guild Child Care Center

Ms. Esther Feinberg, Director, North Queens Child Care Center

Ronnie S. Goodfriend, Assistant Professor, Queens College Department of Education

Ms. Dorothy W. Gross, Director, Teacher Education and Certification, Sarah Lawrence College

Ms. Jane Hamburger, Executive Coordinator, Brooklyn Kindergarten Society

Mrs. Helen R. Hamlin, CSW, Social Worker, Community Service Society

Mark Hanami, Architects' Renewal Committee in Harlem

Betty Hein, Teacher and Art Specialist, Robin Hood Country Day School

Mrs. Rachel M. Hill, Director of Day Care Services, School District of Philadelphia

Gerard Hoffman, Instructor, Queens College Department of Education

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*Incomplete listing

Miriam E. Isaacs, Child Development Specialist, Region II, Office of Child Development, Department of Health, Education, and Welfare

Adelle Jacobs, Ed.D., Instructor in Early Childhood Education, York College, CUNY

Hortense P. Jones, Director, MES Program

Minnie Kennedy, Adjunct Associate Professor of Education, New York University; Project Director, Head Start Regional Training Office

Rita Bendlin Leake, Director, Windham Child Care Center

Marvin Leiner, Associate Professor, Queens College Department of Education

Lucile Lindberg, Professor, Queens College Department of Education

Charles E. Mizzi, Director, MEND SCHOOL; Instructor, Dowling College

Mary Noss, Coordinator, Pre-Kindergarten Day Care, Westbury Public Schools

Priscilla Pemberton, Director, Non-matriculated Students, Bank Street College of Education

Dr. Blanche Persky, Professor of Early Childhood and Elementary Education, New York University

Lilyan Peters, Ed.D., Associate Professor, Department of Early Childhood Education, Newark State College, Union, New Jersey

Mrs. Mildred H. Platt, Coordinator, Non-graded Primaries

Ms. Berta Rafael, Director of Early Education and Day Care Services, United Cerebral Palsy of New York City, Inc.

Mrs. Olivette Robinson, Director of Summer Children's Center, Brooklyn, New York

Mrs. Minerva Rosario, Lecturer, Hostos Community College, CUNY

Mrs. Sophie P. Rosner, New York University Regional Training Office, Project Head Start

Mrs. Doris Schaffer, Social Work Consultant, NYC Department of Health

Dr. Myrtle N. Searles, Chairman, Education Division, Mills College of Education

Edith L. Sennet, M.A., Director, North Shore Hospital Pre-School Education Center

Robert O. Smith, Executive Director, South Jamaica Center for Children and Parents

Mrs. Rosalind H. Solomon, Director, Children's Educational Center Day Care Program

Mrs. Lydia Tait, Director, Day Care Center

Miss Geraldine Thompson, Director, Day Care Center

Mrs. Irene N. Tyler, Director, Jamaica Day Nursery

Jo Ann Weaver, Assistant Professor, Queens College Department of Education

Mrs. Gladys J. Weekes Director, Brownsville Child Care Center

David Wilcox, Architects' Renewal Committee in Harlem

Sadie M. Winslow, Assistant Professor, Department of Curriculum and Teaching, Hunter College, CUNY

Rebecca A. Winton, Director, NYC Bureau of Early Childhood Education (Retired)

Margaret Yonemura, Ed.D., Chairman of Graduate Programs, Bank Street College of Education

Dr. Paula L. Zajan, Professor, Hostos Community College, CUNY

In addition, special credit must be given to the following groups and individuals for their significant participation in the ongoing planning and implementation of conference activities:

Early Childhood Education faculty of Queens College
Graduate and undergraduate Early Childhood students
Hospital volunteers
Selected members of the Elementary Education faculty of Queens College
Staff and faculty of the Queens College Early Childhood Center
Queens College Office of Community Services
Queens College Office of College Relations and Editorial Services
Marvin Blumberg, M.D.
Mary Cassirer, M.D.
Nicetas Kuo, M.D.
Mary Moffitt, Ed.D.
Sheldon Putterman, M.D.

Special thanks to the many centers whose children, teachers, and administrators contributed to the beautiful displays that brought a keynote of reality to the conference halls.

Conference Schedule

SCHEDULE OF THE DAY

8:30-9:30 a.m., registration near room 100, Social Sciences Building
9:30-11:30 a.m., workshops in Social Sciences Building
11:30 a.m.-2:00 p.m. box lunch and Conference Plenary Session

PLENARY SESSION

CONVENING OF SESSION AND GREETINGS BY CONFERENCE CHAIRWOMAN
Dr. Thelma C. Adair
Professor, Queens College Department of Education

GREETINGS
Dr. Joseph S. Murphy
President, Queens College

GREETINGS FROM CONFERENCE SPONSORS
Dr. Kuo
Jamaica Health Center

SUMMARY OF CONFERENCE WORKSHOPS
Dr. Eleanor Downs
Associate Professor, Public Health Practices, Columbia University

SPEAKERS
Dr. Margaret Grossi
Director, Bureau of Child Health, NYC Department of Health

Georgia McMurray
Commissioner, Agency for Child Development, Human Resources Administration

ACKNOWLEDGMENTS AND WRAP-UP OF CONFERENCE PROCEEDINGS
Dr. Judy I. Schwartz
Assistant Professor, Queens College Department of Education

Keynote Speeches

Dr. Margaret Grossi
Director, Bureau of Child Health
New York City Department of Health

I want to first of all thank Dr. Adair and her committee for the invitation to speak here today. As a physician I always welcome the opportunity to emphasize the importance of health care. As a pediatrician with special interest in the pre-school child, I particularly welcome the opportunity to relate health concerns for young children to such a large audience of Day Care participants.

Health care is, after all, of extreme importance to all young children both in and outside of Day Care. Health considerations permeate all the activities of young children in groups eating, sleeping, indoor and outdoor play, and the like. Children in Day Care are at the age when they can usually maximally benefit from early detection and treatment of physical defects. In addition, the Day Care center provides a unique setting in which to ensure all the components of quality health care for the young child, and conversely, a healthy population of young children in a Day Care center ensures the staff that its children can maximize the educational and social benefits that the center provides.

I must stress the fact that good health care involves attention to all aspects of the child's health—physical, mental, and emotional. It involves periodic assessments of health status, prompt correction of health problems, and preventive health care. It extends beyond the child himself, into his family and into the community in which he lives.

An ideal health assessment of a pre-school child begins with a carefully obtained medical history, starting with the mother's pregnancy, in order to delineate any possible health risks such as prematurity, genetic or familial disease, and the like. Next, a complete physical examination is done, including the following screening procedures:

1. Vision screening. You might be interested to know that five percent of three-year-olds in the CHSs of the city fail vision screening.
2. Audiometric screening. Four to seven percent of four-year-olds fail audiometric screening.
3. Hematologic screening. For iron deficiency anemia, sickle cell disease, and lead poisoning.
   a) Iron deficiency anemia. Twenty to thirty percent of children under two years of age have iron deficiency anemia.
   b) Sickle cell disease. Ten percent of black children have sickle cell trait and one in 400 to 500 have sickle cell anemia.
4. Urine screening. Between one and four young children out of every 100 have been found to have abnormal urine tests and therefore potentially serious kidney disease.
5. Tuberculin testing. One percent of pre-schoolers in CHSs in NYC at the present time are found to have tuberculosis by this screening technique.
6. Developmental screening. Here we screen the child for motor, language, and social developmental lags. In several CHSs where we have pilot developmental screening programs, we find that five percent of all pre-schoolers fail this screening test.

It is recommended that all children have a complete health assessment such as I just described, at periodic intervals from birth; but it is absolutely essential to have it at the initiation of the formal educational process such as at entrance to Day Care. It is obvious that defective vision, poor hearing, and chronic illness are potential causes of failure in the educational setting.

A good Day Care health program must have the following objectives:

1. To maintain good health and prevent disease, in so far as possible (e.g., immunizations against certain infectious diseases, health screening procedures that I have just discussed, and health education);
2. To detect existing specific health problems (e.g., the child with asthma, with allergies, with convulsions), and alert the staff of the Day Care center as to what to expect from such a child and how to deal with the manifestations of his illness in the educational setting;
3. To correct any health problems that do exist, in so far as they are correctable (e.g., the child who needs glasses—what a unique setting he is in, with reinforcement from his teacher, to learn the importance of wearing his glasses);
4. To provide a safe environment, as free from the likelihood of accidents as possible. This includes an awareness of the medical emergencies that are certain to arise wherever there are groups of young children—from cuts and bruises to fevers and earaches—and a well thought out plan in advance for handling these. A safe environment also implies a healthy staff who will not themselves expose the children to serious communicable diseases;
5. To extend health services to the child's family and to the community in which he lives—an example would be calling attention to family health needs and arranging for them.

Now let us consider the health roles of the various Day Care center staff.

The *director* (and ultimately the Day Care center board) has the responsibility for seeking consultation on the health program and making the decision as to which type of health program is most desirable for the individual center.

The *physician* has the responsibility, in conjunction with the public health nurse and the director, for planning and carrying out the health program. In the on-premises health programs of which I will speak later, the physician conducts physical examinations, gives immunizations, and makes recommendations to the Day Care center staff for handling the specific health problems of the children. In centers where direct health services are provided by a hospital or clinic in the community, the Day Care center physician has a more consultative role (e.g., he makes recommendations based upon his observations of children in their group activities and provides consultation and teaching for staff and parents in areas of common concern such as growth and development, nutrition, and common illnesses of childhood). In all Day Care centers the physician is responsible for detailing an advance plan, in writing, for the handling of the common medical emergencies that we know are apt to occur when neither the physician nor the nurse is present in the center.

The *public health nurse* is a vital member of the health team. She interprets medical findings and recommendations to the Day Care center staff. She regularly confers with the consultant pediatrician, parents, and staff on health problems of the children. She assists the Day Care center staff in maintaining their health records.

I might say that I think we can look in the very near future to an increasing clinical role for the public health nurse (i.e., in the role of a nurse practitioner). We are presently training public health nurses to do the routine health examinations and immunizations of preventive health care and I think such a role is quite appropriate for the Day Care public health nurse.

Last, but not least, the *entire Day Care center staff* from the director to the cook play a vital role in the day-to-day health problems in the Day Care center. It is the full-time staff who after all know the children best, who are in the most unique position to observe minimal clues that may mean illness (e.g., the child who just isn't playing as he usually does; the child who feels warm and may have a fever), and it surely is the teacher or her assistant who will be "on the spot" when the minor accidents occur.

Now I would like to discuss the various models of health programs in Day Care—some are not available in all communities, some are not desirable for all Day Care centers. The ultimate selection of a particular health program for a particular Day Care center must rest upon what is available in the community, which one best serves the needs of the individual center, and what the parents and staff of the particular center desire in the way of a health program.

The various models of Day Care health programs are:

1. Comprehensive health care programs that provide the entire spectrum of health care services the child could conceivably need, with continuity between them—preventive health services, diagnostic services, and in-patient hospital care. Some comprehensive programs provide only pediatric care; others include care for the family as well. Comprehensive health clinics are sponsored by a variety of agencies in New York City—federally-funded programs such as the Children & Youth (C & Y) Clinics; local agencies such as many large hospitals; and the New York City Health Department which to date finances seven or eight such clinics.

   When the Day Care center is serviced by a comprehensive clinic, children are brought to that clinic for health examinations and for most of their health care; it is therefore largely an "off-premises" service. Certain tests which are best administered at the Day Care center, such as hearing and eye tests, are however done at the center; a consultant pediatrician and a consultant public health nurse from the comprehensive clinic staff visit the center regularly to make observations and recommendations, to interpret health needs to the Day Care staff, and to provide health education for the center. This type of health program has obvious advantages for the Day Care center, but like everything good it is costly and is so vastly underfinanced at present that we cannot anticipate a sufficient supply in the forseeable future.

2. The second type of health care program is that which is provided to the approximate 250 Child Care centers by the New York City Department of Health. It is a preventive health care program in which the physician and public health nurse provide—on the Day Care center premises—health examinations, immunization, certain screening tests, and follow-up. Children who require diagnostic tests or treatment, or emergency care, or hospitalization must be taken elsewhere to usually unrelated, often multiple providers of care. Follow-up on such children is much more difficult than with comprehensive programs and the Day Care center staff must relate to several health care providers.
3. Another type of health program used by some Day Care centers, is the Child Health Station Program of the Health Department. Again, this provides preventive health care services only, necessitating outside referrals for further care when indicated.
4. Another arrangement for health care that is used by many centers is the use of a local physician in the community for emergency care. In such instances some, but not all parents may use the same physician for total health care. The

disadvantage is again the lack of a unified system providing all services to all children.

Now I would like to turn my attention to the role that the New York City Department of Health plays in Day Care and the specific services it offers.

Group Day Care services are presently licensed by the Department of Health (although this function is slated to be transferred to the new Agency for Child Development in the future). The licensing function is conducted by consultants in Early Childhood Education of the Division of Day Care in the Bureau of Child Health. They give consultation on matters such as the educational program, staff qualifications, parent education, and health programs to the many diverse groups who are interested in setting up Day Care programs. The basic requirements for Group Day Care of children under six years of age are contained in the NYC Health Code, an abstract of which is among the material that was handed out to you today.

Health Department staff pediatricians and public health nurses are available to community groups to assist them in planning their health program. These health consultants are particularly well versed in what medical services—comprehensive clinics, emergency services, private physicians, hospital clinics, etc.—are available in the individual community. This consultant also contacts these providers of health care and assists the Day Care director in securing services. The many other resources of the Health Department are naturally available to these consultants (e.g., district health services, nutrition, communicable disease control, etc.).

The Health Department staff consultant also arranges for individual pediatric consultants for centers with infants, and trains and orients these physicians.

This Health Department consultant also arranges for and directs the preventive health program that the Health Department provides to most of the approximately one-third publicly funded Child Care centers. In this role he hires, assigns, trains, and supervises the part-time physicians who provide the direct health care in the Child Care centers. He also assists the director in planning for other aspects of the health programs (e.g., health examinations for the staff, setting up health records, and the like).

In closing, I would like to say that in order to assist Day Care planning groups to better understand the health requirements as well as where they can get help with health planning, the Health Department has printed a simple, initial health guide that is available here today. It outlines the basic requirements and gives the telephone numbers at which Health Department consultants can be reached. We welcome your contacting us, and we will try to be as helpful as possible when you do.

Commissioner Georgia McMurray
Agency for Child Development
Human Resources Administration

Thank you. I would like to extend my greetings, also, and compliment Dr. Adair for the splendid job that she and her fellow workers have done in organizing this Day Care conference in Queens. You know, we are often accused in New York City of favoring Manhattan, and it's certainly true when you take a look at the distribution of public and private social welfare services and health services in the City of New York that Manhattan is overly allocated in terms of population. It is good to me, as a public official, to see that the people in Queens are beginning to organize themselves and to become concerned about the kinds of services that should be available to children of families in this borough.

I think it is important as we begin to look at Day Care—and I understand the title of my comments is to be "Day Care: A Dialogue between Community and Government"—I think if we look at Day Care today, that we must understand that there is a crisis. Much of the discussion today has been around the kind of quality early childhood education, health, nutrition, and social services that should be available to young children. Yet the fact of the matter is that an overwhelming majority of children in this city and in this country are denied such services. And the fact of the matter is at this present time there is no national legislation which would mandate that such service be available to young children. And so we have a crisis. The crisis is that the community, particularly families, and most particularly women with young children, receive the kind of services that children should have. Yet there is no instrumentality at the governmental level to insure that such services will be delivered.

As Commissioner, I am both happy and saddened about the fact that New York City stands alone as the only city, indeed the only governmental unit in this nation, that has such an agency as The Agency for Child Development. We have been able to bring together our Head Start, our Group Day Care, and Family Day Care programs under one administrative umbrella; and as Dr. Grossi has indicated, at some point in the near future the licensing responsibility of the Department of Health will be transferred to the new agency. And it means that once this administrative and political transfer occurs, the Agency for Child Development will have the clear-cut responsibility to plan, administer, and coordinate services for pre-school and school-age children on an after-school basis, not only in publicly subsidized programs but also in private schools.

New York City also has another landmark which you should take a look at, and that is the fact that in the United States, New York City has almost 20% of all the Day Care and Head Start blocks available to young children. Now that is tragic because certainly not all 20% of children in the United States live in New York City. And New York City has been undergoing a phenomenal growth in publicly subsidized services within the past three years. Let me just quickly outline this to you. In 1970, when the Early Childhood Development Task Force presented its report, we had in New York City 119 Group Day Care centers. In July of 1971 the number of those centers had grown to 214. Today we now have 273 Group Day Care centers with the real possibility of opening at least 50 more in the next two months; and certainly slated on the drawing board to open over 100 new centers by the end of June, 1973.

What does this mean in terms of the number of children being served? With our various groups of Day Care, Head Start, and Family Day Care programs, at the end of June, 1971 we had 27,000 children receiving some form of publicly subsidized service. At the present time that number has grown to 32,000 and we are projecting by the end of June, 1973 that number will be up to 49,000. Now while we can take heart at the fact that the number of children in our public programs is widening, we also have to recognize we are only serving a "drop in the bucket" in terms of the number of children who actually need care.

As many of you know, the legislation which now provides the funding for Head Start and Day Care programs mandates that priority be given to children of low income families.

Our estimate of the number of children in low income families in New York City ranges somewhere between 250,000 and 300,000 children. In fact, in one borough, i.e., Brooklyn, one-third of the children living in that borough are on public assistance. And so when we talk, or when I talk rather glibly about the phenomenal growth of publicly subsidized Day Care, at the same time I must recognize that we are doing much too little to try to meet the needs of far too many children in this city who need the comprehensive education, social services, nutrition, and health services at a young age if they are going to be able to survive as adults in this increasingly technological society. Since I was scheduled to come to Queens, I did ask my staff to give me an idea about what to schedule for Queens. I discovered we have 44 Day Care centers slated for opening in Queens within the next two and a half years beyond the 30 that are now in existence; which means that there will be an increasing number of Day Care services available for Queens, in fact, to serve almost 4,000 additional children. Also in Queens we have a Family Day Care program and we have our Head Start program. Head Start, as you know, particularly has suffered a major setback because there have not been additional funds available to Head Start in order to expand the program.

I would like to talk just very briefly with you about the Agency for Child Development to give you some idea of the mandate that the Agency was charged with by the Mayor when he created it on July 1, 1971. The genesis for the Agency for Child Development grew out of increasing concern on the part of parents, community organizations, and professionals in New York City about the divergence in programming for young children. As I have indicated, we do have three major programs publicly subsidized–Family, Group, and Head Start–as well as a privately funded Day Care program, i.e., those programs paid for by parents' fees. It became very obvious that there was competition between programs, different and sometimes conflicting philosophies between programs, and that parents increasingly were unable to decipher at the neighborhood level where they could go to get service for their children without having some sound basis to judge the service delivery at the center. The Agency for Child Development was developed to bring all these programs under one umbrella and to coordinate them and begin to determine how, with the responsibility being centered in one agency, we could begin to plan for the projected needs of children far beyond where we could at the present time. Of equal priority was the need to determine how we might be able to engineer a major expansion of facilities for young children. As many of you know, or should know, for every licensed Day Care or Head Start program in the City of New York I suggest there is one (or two possibly) unlicensed and flourishing in the neighborhood. While many of my friends and colleagues look askance at the fact that there are unlicensed facilities, I must say to you, as long as there are no facilities available for children in which to live and receive service during the day, as long as women are forced to choose whether they wish to go on Public Assistance or work to support their families without any kind of public subsidy being available for child care, there will be unlicensed facilities.

When I speak of a crisis, I mean the crisis is not only at the governmental level but also at the community level. As I say to many of my colleagues, "If you're really concerned about unlicensed child care and the kind of inadequate child care arrangements that exist, then you should be demanding that such a situation should not be tolerated in New York City." Such a situation should not be tolerated in this society where a woman is forced to leave her child in order to go to work. While we in New York City, i.e., parents, communities, and government, can feel that we have some understanding and appreciation of the needs of children, we also have to recognize that this kind of appreciation does not exist at other levels of government. We are faced, increasingly, with a federal and state government which is anti-human.

On my way to Queens this morning, I read on the front page of the New York Times that the Senate Labor and Welfare Committee was rejecting HR1 and instituting instead a Must Work provision; and I said to my colleague, Miss Robbins, "Could you believe that we may be forced to support HR1 in order to defeat Senator Long?" Now that's just where we are today. This is a crisis–because what does it mean? Many of us have been speaking out

against HR 1 in the past few weeks because of the lack of adequate child care provisions, and if one reads the legislation one recognizes that it is silent on the mandated requirements for comprehensive education services, health services, and nutrition services, the kind that we have been speaking of today. It was evident, in reading HR1, that the kind of child care that is being projected by the Nixon Administration meant that this would be a custodial service, a baby sitting service, to be maintained while a woman was forced into the labor or training market. And now we find that the one provision in HR1 that had some merit – and that is the guaranteed minimum income level – while it was inadequate, has now been thrown out the window. What is being suggested instead is a federal employment corporation where persons receiving public assistance would be forced to receive jobs, "make work jobs" as the paper indicated, in order to get an assistance wage. And if one read the newspaper one could see that the kind of "make work" was for maids and cooks and yardmen.

At the same time, there is legislation pending in Washington, a compromise bill between Senators Javits and Mondale, which does call for a comprehensive child care or child development program. It is a compromise bill because the good senators put it together in order to meet the criticisms of President Nixon in his veto of the Comprehensive Child Development Bill of 1971. I do not know what the chance is for the passage of the Javits-Mondale bill, but I do know that if you are concerned about providing services for children, services which provide the quality that we have discussed, then we've got to be heard at the national level to support legislation which mandates clearly that children must have a head start, and that Head Start must be based upon publicly funded early childhood education, health services, and nutrition services. We have to take a look at welfare reform legislation which will deny to poor women the right that has existed for women who are not poor in this society, i.e., the right to decide whether one wishes to remain at home and care for one's own child or to go to work. We have to take a look at welfare demonstration projects which are the forerunners, or were the forerunners of HR1, which would demonstrate the feasibility of work relief and "make work" programs. Again, on the philosophy that women who are poor should be denied the right to make decisions about the care of their own children – while we press for comprehensive child development legislation and universal child care, we also must recognize that not all children need to be in Day Care centers, that not all children need to be in some kind of group setting, that there are a variety of ways of providing child development services for children in their own homes, and we must not be caught in the trap of insisting that children be in these kinds of programs because I believe we play into the hands of those politicians who would set up custodial programs in order to force women into the labor market.

One of the other indications of the lack of sensitivity on the part of the federal government has been its position in regard to nutrition programs. In New York City, as some of you may know, we have in the past year been able to take advantage of a special food service program which provides for hot breakfasts in our Day Care centers. We were also able to get a demonstration grant from the Office of Economic Opportunity for breakfast programs in our Head Start and Family Day Care programs. We learned, in gleaning through the various statements of administrative officials, that the Nixon Administration's request for special food programs in 1972-73 had been decreased. We compared that with the marked expansion that was planned for New York City and determined that come July 1, there would be in fact 15,000 children potentially unable to receive hot breakfasts in our Day Care programs and that secondly, our demonstration grant from OEO was running out. So the Agency for Child Development launched a campaign, writing Secretary Butz of the Department of Agriculture, delineating specifically what the impact of the Administration's recommendation would have on our Day Care program and determining through some very skillful staff work that, in fact, the Department of Agriculture's ruling that Head Start should be excluded from the Special Foods Service Program was a misinterpretation of the legislation and regulation. So we got that legislation turned around and I'm happy to say that Head Start will be included in our breakfast programs. Now this to me is what an agency for child development should be about, i.e., to

watchdog what is happening at various governmental levels in regard to our children. And, I might say, to watchdog what is happening at the community level in regard to our children. Not all people who say they care about children in fact do care about our children. Day Care has become a political issue; it is a hot political issue and many people involve themselves in child development because they are concerned about political power and not about children.

I think the time has come therefore—and I must say again to those of you who are concerned about what is happening to children that we must not shy away from political activity—when we must learn to be clear about our goals and make our legislators and our public officials, including myself, responsive and accountable. And that is political action.

Some of us have been involved very recently in organizing a children's lobby. This children's lobby should be responsible for bringing together parents and professionals around the country who are concerned about children and who are prepared to lobby at the federal level for the very issues I have outlined today. Very soon some of us will be involved in launching a massive organizing campaign in the State of New York to establish a New York State children's lobby because I must say to you, friends, that the time has come to stand up and be heard and that I as a public official can only be as effective as the citizens in the community, who will demand from me and from government that there be quality child care. And if you are concerned, as you have said today, that children have a right to live and have a right to good education and to good health services and good social services and to a good hot breakfast and lunch and that their families have the right to a decent income, then now is the time to organize. Thank you.

Excerpts from Selected Workshops

SCHEDULED WORKSHOPS*

Preparation for Day Care

1. *Setting Up & Operating* - Leaders: Rachel Hill, Ellie Lou Kirk, Inez Padilla
2. *Current Legislation* - Leaders: Jennie Davidson, Helen Dondy
3. *Planning & Designing Facilities* - Leaders: Mark Hamonoi, Mildred Roberts, David Wilcox
4. *Training Teachers & Paraprofessionals* - Leaders: Dorothy Gross, Minnie Kennedy, Pris Pemberton, Blanche Persky, Margaret Yonemura
5. *Training Social Work Paraprofessionals* - Leaders: Edith Blustone, Mona Solomon

Programs in Day Care

6. *Helping Children Think & Communicate through Language* - Leader: Mary Noss
7. *Helping Children Communicate & Grow Socially through Language* - Leader: Charles Mizzi
8. *Perceptual Development of Young Children* - Leaders: Jane Hamburger, Ruth Lehr
9. *What About Reading?* Leaders: Ronnie Goodfriend, Myrtle Searles
10. *Educational Programs* - Leaders: Miriam Isaacs, Betty Winton, Lynn Yanuck
11. *Learning Through Play?* - Leaders: Nancy Bogin, Adelle Jacobs, Pauline Tamarin
12. *Everyday Materials–Science* - Leader: Dorothy Arrington
13. *Everyday Materials–Mathematics* - Leader: Maureen Herman
14. *Art in the Classroom* - Leader: Shirley Kramer (registration limit 20)
15. *Creative Movement & Music* - Leaders: Minerva Rosario, Paula Zajan (registration limit 25)
16. *Day Care Programs in Other Countries: Cuba, Israel, Australia, New Zealand, Great Britain, Sweden, Russia* - Leaders: Marvin Leiner, Lucile Lindberg
17. *Multi-Ethnic Books for Young Children* - Leaders: Viola Clark, Sophie Rosner, Sadie M. Winslow

Parents and Community in Day Care

18. *A Complete Day Care Program: The Micro Learning Center* - Leader: Myron Woolman
19. *Parent-Operated Day Care: The Park Slope Day Care Collective* - Leaders: Jerry Hoffman, Carolyn Lilyveld, A. Kimple, Judy Hoffman, Peggy Kimple
20. *Setting Up & Operating a Hospital Day Care Center* - Leaders: Rosemary Buraczynski, Edith Sennet
21. *Setting Up & Operating a College Day Care Center* - Leaders: Gail Cantor, Bonnie Clark, Wendy Gonsher, Yvette Murphy, Waldo Jeff
22. *Day Care Center & the Home: Relating to the Working Parent* - Leaders: Marion Easton, Yvonne Bradey Fredericks, Barbara Smith
23. *Parent-Community Involvement: Model Programs* - Leaders: Mary Darden, Micaela Hickey, Robert Smith, Geraldine Thompson, David Billings III
24. *Teachers, Directors & Parents Identify Educational Goals* - Leaders: Marie Durdin, Gladys Weekes, Irene Tyler

*Note: Original schedule of the day does not reflect subsequent changes.

Children in Day Care

25. *The Very Young Child–Infancy to Four* - Leaders: Sheldon Putterman, M. D., Georgianna Werner
26. *The School-Age Child & Day Care* - Leader: Rosalind Solomon
27. *Bridging the Gap Between Day Care & the Public School* - Leaders: Alice Harwood, Ellen Lurie
28. *Role of the Physician–Meeting Health Needs in Day Care* - Leaders: Marvin Blumberg, M.D., William Hewlett, M.D.
29. *Role of the Social Worker* - Leaders: Helen Hamlin, Doris Schaeffer
30. *The Battered Child: Responsibility of the Day Care Center*
31. *The Cerebral Palsied Child & Other Physically Handicapped Children* - Leaders: Eunice Cox, John Hicks, Berta Rafael
32. *Learning & Cultural Aspects of Nutrition* - Leaders: Catherine Cowell, Esther Feinberg
33. *Discipline: Guiding Social Growth & Development* - Leader: Lilyan Peters
34. *Building a Healthy Self Concept* - Leaders: Paula Diebald, Hortense Jones, Dorothy Dunbar
35. *The Spanish-Speaking Child* - Leaders: Luis Colón, Rita Leake, JoAnn Weaver, Ruth Bennett

ADDITIONAL RESOURCE PERSONNEL

William Banks
Alfreda Belgraves
Luis Caldwell
Dorothy Finley
Mildred Platt
Olivette Robinson
Willene Rice
Adeline Schaeffer

Student Committee

Marion Christou
Arnold Cachin
Zandra Goldberg
Stella Kearse
Ralle Krenitz
Angela Pastore
Miriam Pesce
Barbara Scaturro
Gloria Sheers

Art Consultants

Shirley Kramer
Alvin Smith
Ruth Varon
James Warwick
Olga Young

PREPARATION FOR DAY CARE

Title: TRAINING TEACHERS AND PARAPROFESSIONALS
Leaders: Priscilla Pemberton, Margaret Yonemura

Content: The 27 participants viewed "I Am A Teacher Aide," a filmstrip with accompanying record, and then separated into three groups to buzz and formulate questions which were later discussed with the group leader:

1. Ways of developing a team approach.
2. Collegial learnings in the classroom.
3. Key role of the school or center as the organizational setting.
4. Limiting certain behaviors and permitting others.

There was apparent consensus that theoretical work had to go hand in hand with practical experience in the classroom. An assistant teacher present stressed her own disappointment at having to take courses without a relationship to the teaching she wants to do. The preparation of directors was also discussed and the need not only for course work but also for practice in supervision.

PROGRAMS IN DAY CARE

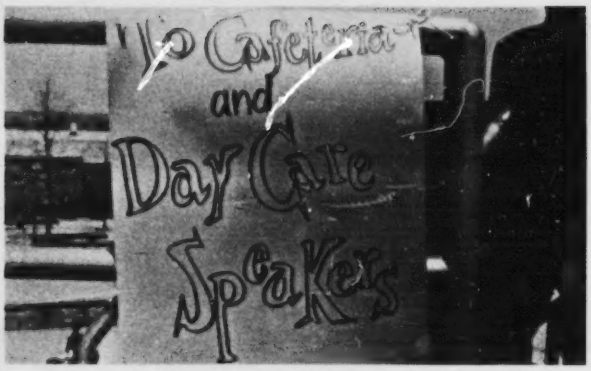
Title: HELPING CHILDREN THINK AND COMMUNICATE THROUGH LANGUAGE
Leader: Mary Noss

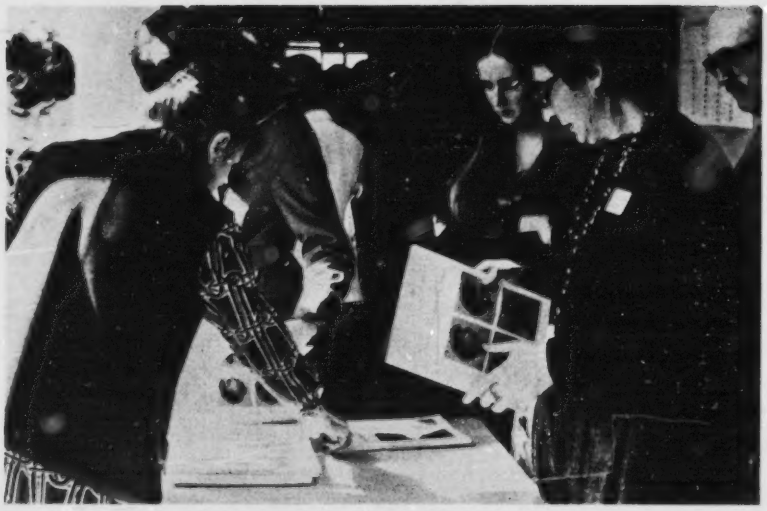
Content: The participants were asked to identify themselves by name and the kind of work they do; then, if possible, to relate an event about words they remembered from their early school experience that eventually took on new meaning for them as they grew up. The discussion that followed focused on the significance of words and the thinking process attending their use. Quoting recent talks by J. Bruner and Wunderlick, who stressed the importance of teaching the young in our culture in a way that their learning could be maximized, the emphasis then turned to the ways in which maximum learning could be achieved when the child was physically comfortable in school. How learning words by rote differed from the need to communicate in order to do what one wanted to do, was also discussed (e.g., straight imitation shown by the macaque monkeys and the variations on learning patterns gorillas showed in their sound patterns).

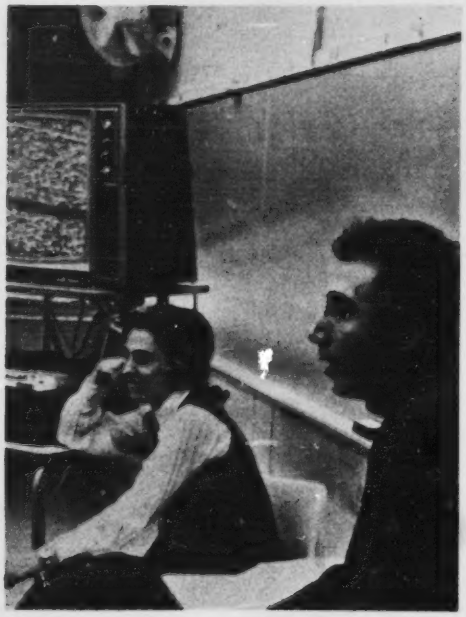
The participants were encouraged to talk about how they saw children maximizing their learning. A man in the group talked about the non-verbal aspects of Helen Keller's learning, i.e., the symbols she had to learn before other extensive learning could really begin. After considerable discussion about the need for the child to be comfortable and want to communicate before the use of words could emerge fully, members of the group related experiences in the schools in which they worked, i.e., the ways children had grown in language and thought. Brief attention was given to the order in which words become useful to a child, the use of words to express feelings, and, in passing, the use of silence to understand and communicate thoughts. Two speech therapists in the workshop spoke of their problems in helping young children develop clear speech and the ways that they can best be helped to improve their speech and expand their use of words.

As a closing thought, Dr. L. Essex of the United Kingdom was quoted on the need to nurture all children in order to help them grow and learn most fully.

Look at yourself ... through their eyes







Photographs by TERRY KAMEN

The atmosphere was open, the group was responsive, and interest shown throughout the workshop challenged thinking and raised questions that were helpful to the leader. A most stimulating exchange of ideas pervaded the discussion.

In summary, the workshop stressed

1. the fluid nature of language as usage changes;
2. the crucial role of non-verbal communication in children;
3. the necessity of accepting the child's language and encouraging expression in it;
4. the listening and diagnostic role of the teacher;
5. the growth of language through exposure to concrete materials and in the process of doing and acting upon the environment;
6. the need for supplementary personnel in the area of speech therapy;
7. the need for workshops to study the effects of the self-concept on interactions among children.

Title: LEARNING TO GROW AND SOCIALIZE THROUGH LANGUAGE
Leader: Charles Mizzi

Content: Language was defined as communicative behavior. Discussion emphasized that language need not be verbal but can be conceptualized and used by children in their first attempts to socialize, by arranging the environment around them in terms or modes that they can understand. This was demonstrated through the use of an archaic language. Simply by using the numbers from one to ten in this completely unfamiliar language, concepts such as *alone, many, again, sequence and order, days of the week, etc.* were expressed by the groups in much the same way that children first begin to relate to society through beginning language.

Discussion and demonstration were used to illustrate modes by which children first acquire language, i.e., imitation, exploration, experimentation, and testing.

Discussion also showed that children communicate with others, with the world around them, and especially with themselves—telling themselves what they see in much the same way adults occasionally talk to themselves as they proceed through novel or unfamiliar routines.

Finally, society was discussed and defined as a group of people who have something in common. Thus a child's first society is his own family milieu; it gradually extends to his peers and eventually to the social group beyond the family. His relationship to this society depends very much on the values and attributes of the society itself. For the sake of simplicity and contrast, only one of these attributes was discussed—the premium some societies place on the individual's independence. In these societies many of the child's earliest experiences make heavy demands on his native abilities; on learning by trial and error; and on an early command of language, conceptualization, and abstract thinking abilities. This was the pattern of early American society; although today greater emphasis is placed on conformity and interdependence, the traditional values still modify early childhood. At the other extreme is the society where the individual is expected to be a member of a large group from whom he may expect help and whose function it is to render such assistance. This society (Japan has been cited as an example) expects the group and its needs to be paramount and therefore makes less stringent demands on children in their developmental stage.

For those interested in pursuing any of these topics further, these books of general

interest were highly recommended:

Piaget, *The Development of Intelligence in Children*
Murphy, *Being and Becoming, Human Potentials*
Berelson & Steiner, *Human Behavior, an Inventory of Scientific Findings*

Title: PERCEPTUAL DEVELOPMENT OF YOUNG CHILDREN
Leaders: Jane Hamburger, Ruth Lehr

Content: The workshop provided an opportunity for teachers to explore the learning experiences of children in body movement and control, sorting, matching, copying, seeing likenesses and differences.

The whole learning experience of the young child involves movement. The child moves out into environmental encounters through sensory modalities.

We *are* teaching reading through muscle control and sensory experiences:

seeing (visual shape and form)
hearing (auditory)
feeling (tactile)
tasting
smelling

Perception: It's the ability to perceive attributes. Many activities can facilitate perceptual development (e.g., using a Polaroid camera for pictures of children's building activities that they can later use for identification and discussion). Other frequently used experiences are ball-bouncing; learning to follow directions in sequence; pouring liquids; exploring properties of water; sorting; cutting; classifying; and searching for and locating objects in one or more dimensions.

Title: WHAT ABOUT READING?
Leaders: Ronnie Goodfriend, Myrtle Searles

Content: Readiness for learning is not just one time-point in the young child's life. Each skill evolves through the inherent maturation of the child as well as from the environmental stimulations and reinforcements. Every moment in the child's life is filled with learning experiences—social, emotional, intellectual; he is getting feedback and validation of his personal reactions in the home and at school.

With this in mind, the teacher might be prepared to work more specifically on readiness skills, careful always to integrate these within the experiences of the child.

All existing programs should be evaluated in light of where a specific child is and what his needs are. The individual classroom teacher might do well to select the elements in each program which meet her style and approach in teaching as well as the curriculum areas specified in the program.

Cognitive skills, perceptual skills, language and social skills are all involved in the process of reading. It is simple to criticize the ills of a particular program, after the fact. However, to find the elements applicable and appropriate to an individual classroom is more difficult.

Classification, seriation, fantasy and life concepts, relativity and constancy of form, directionality, movement and spatial awarenesses of self, multi-sensory awarenesses, language sequencing, one-to-one correspondence, perceptual elements–figure-ground, intersecting forms, pattern identification–are among the so-called readiness skills.

These skills need identification by teachers, with the realization that the methodologies for their instruction are within each teacher's repertoire of early childhood activities (physically sorting, matching, feeling, tasting, smelling, etc.).

The teacher should not feel that these programs have to be adopted, rather they should be *adapted* to her natural inclinations. She is the person to carry out the elements outlined here for her particular group at this particular time. She is the one to determine this.

Parents' and teachers' anxiety level should be lowered. A desirable program is a balanced one, concentrating on *all* areas necessary at this level–social science, science, non-numerical mathematics, language arts, expressive arts.

As a beginning, meaningful, reading activity, experiences of the child are incorporated in charts. For 4-, 5-, 6-year-olds there can be charts of trips, cooking, music, classroom management, signs, poetry, attendance, helpers, calendars, counting, and the language they use during play.

Title: LEARNING THROUGH PLAY?
Leaders: Nancy Bogin, Adelle Jacobs, Pauline Tarmarin

Content: Participants simulated a classroom situation by working with a variety of materials such as blocks, puzzles, clay, finger paints, water, manipulative materials. This led to a discussion related to opportunities for learning through play.

There was interest and interaction between participants and leaders. The role of the teacher in the interpretation of play as it relates to academic disciplines was explored and the lively discussion which followed focused on the demands made on the teacher in fostering cognitive growth through play. There were several queries about the question mark in "Learning through play?"

The discussion was followed by the film "Dramatic Play."

Participants agreed that all areas of play offer opportunities for learning–cognitive, affective, and social. They were particularly interested in the cognitive domain at this time, and identified the following basic needs:

1. Understanding the role of the teacher;
2. Knowing when to intervene and how;
3. When to withdraw;
4. Introducing and withdrawing materials;
5. Posing problems and encouraging children to solve problems as the child sees them;
6. What to do when equipment starts to be troublesome.

One teacher helped her group to see the importance of focusing on limited cognitive objectives for young children. The leader used equipment in the room to show how one cognitive area can be developed. She cautioned against using the equipment for multiple

purposes at one time (e.g., in weighing beans it's not necessary to draw attention to the properties of the beans).

The leader provided methodology for introducing various learning tasks into different play areas. For example, a supply of task cards kept near the housekeeping area might suggest cognitive activities for the child: "Make as many round cookies as square cookies."

Title: EVERYDAY MATERIALS–MATHEMATICS
Leader: Maureen Herman

Content: Using everyday materials, mathematics experiences should include:

I. What is *capacity*?
   A. numerous experiences for pouring and measuring with water, salt, sand, and gravel;
   B. several different shaped containers–perfume, bleach, etc.

II. What is *weight*?
   A. balance scales;
   B. different containers filled with a variety of materials–beans, sand, etc. (e.g., "How much sand equals this many beans?");
   C. other weights–washers, film containers filled with materials, balls of clay, objects in plastic bags.

III. What is *number*?
   A. number boxes–matching objects to numerals on plastic,
      1 square
      2 circles
   B. patterning–children copy patterns;
   C. matching numbers of objects to ones teacher has;
   D. task cards (e.g., "Make as many square cookies as round ones.")
   E. parquetry blocks–matching designs on cards;
   F. cards with circles and squares in random order (e.g., "Without counting, which are more, the circles or the squares?")

Teachers must be careful not to build too much learning into a situation:
   A. Delimit field of operation.
   B. Use appropriate language. Let children come up with terms spontaneously.

Title: CREATIVE MOVEMENT AND MUSIC
Leader: Minerva Rosario, Paula Zajan

Content: Music is an important aspect of the child's learning. It should not be a "package deal" but part of the entire school day. Every child vocalizes and has inner and outer movement.

Music is fun and enjoyment yet encompasses skills: listening, singing, body movement, etc. Some children's home environments will not permit free movement (e.g., a child living in Manhattan), thus the need for creative music and movement in the classroom is heightened.

Music is also a release for energy and emotions.

Music is a form of classroom management. Teachers don't have to be musicians; being enthusiastic and supportive is enough.

Music as sound can consist of listening to records, reading, environmental sounds, answering song greeting (e.g., "Hello, Susie"). Directional games–sensing where sound is coming from–sharpen a child's sensitivity to sound and improve his awareness of it.

Songs can evoke spontaneity. Personalization is important and can be developed through greeting songs (e.g., the group songs "My Farm," "Mi Charcia," "El Coquito"); this serves as a good object lesson in Spanish songs; it helps the group to empathize with the difficult aspects of learning another language.

Singing directions is more pleasant than saying them.

Movement–requests to move furniture or to open windows. Creative movement is desirable, but the key question is: How do you start? There is no right way or any one way.

There are two types of movement–locomotion and bodily movement; combination of the two is the basis of choreography.

Dramatization can be pretending to be a very large or very small object–becoming a snow man; melting or freezing.

Pantomime, too, can be used with young children: Try moving to music (e.g., Bolero with crepe paper streamers).

Title: DAY CARE IN OTHER COUNTRIES
Leaders: Marvin Leiner, Lucile Lindberg

Content: The similarities and differences in Day Care as it exists in various countries were explored by the group.

In Cuba, for example, Day Care is universal and free. They are able to take babies 45 days old, but most people do not send them at that age. Cubans have a padrino system–adults from the neighborhood do repair work (among other chores) in the nurseries.

Criteria for working in Day Care include warmth and patience. Teachers and directors receive equal pay.

Emphasis is on play in some centers and on more structured work in others.

PARENTS AND COMMUNITY IN DAY CARE

Title: A COMPLETE DAY CARE PROGRAM: THE MICRO-LEARNING CENTER
Leader: Myron Woolman

Content: The system has been in operation for three years at Vineland, New Jersey as a demonstration project of the New Jersey State Department of Education, Carl L. Marburger, Commissioner. Each of the three classrooms has its own observation room for

parents, teachers, and visitors. Visitors are welcome from 9:00 to 11:30 a.m. and 1:00 to 2:30 p.m. A film and a model were shown to provide an understanding of the manner in which the system functions. The basic objective of the system is to set up the classroom as a micro-society in which

1. children can learn to function independently;
2. children can acquire a substantial language base—2,000 spoken English words, 300 reading words;
3. children can interact early with other children to achieve mutual objectives;
4. children can learn to resist impulsive behavior and learn to tolerate frustration, anxieties, etc. in the course of achieving goals:
5. children can develop the capability of sustaining responses over a period of time to achieve known goals (motivation);
6. all physical equipment, learning materials, teacher training evaluation materials, etc. have been designed to reach these objectives.

Title: PARENT OPERATED DAY CARE: THE PARK SLOPE DAY CARE COLLECTIVE
Leaders: Gerry Hoffman, Carolyn Lilyveld

Content: Issues to Consider in Starting a Day Care Center

I. Governing Structure

Board of Directors
Full collective participation
Total professional

II. Site Selection

Rent
Free—churches, synagogues, city property, parents' homes

III. Staffing

Parent
Community volunteers
Paid professional
Paid nonprofessional
Combination

IV. Scheduling

Full time
Part time (set schedule)
Drop in (restricted to members)
Drop in (for community)

V. Program

Age of children
Age segregation or integration
Program goals
Comprehensive
Educational only
Custodial only

VI. Financing

Parent fees
Fund raising
City funding
Foundation funding

VII. A. Educational Materials

Books
Toys
Arts & crafts
Records

B. Physical Plant

Safety
Food related items
Sleep related items
Furniture
Spare clothing

C. Sources

Free sources

Donations from parents & neighbors
Local stores
Toy manufacturers
Book publishers
Other Day Care centers & schools

Purchase (Ask for discount)

For help or information, contact

Committee for Community Controlled Day Care
720 Columbus Avenue, New York, N.Y.
866-6257

Reference Books:

Day Care, Evans, Shub & Weinstein,
Boston: Beacon Press, 1971.

Kids' Stuff, Collier, Forte and MacKenzie,
Nashville: Incentive Publications, 1969.

Manual on Organization, Financing, and Administration of Day Care Centers,
New York: Bank Street College of Education, 1971.

Title: SETTING UP AND OPERATING A HOSPITAL DAY CARE CENTER
Leaders: Edith Sennet, Rosemary Buraczynski

Content: Through discussion, films, and exhibits, the workshop participants examined the rules, function, involvement, and pooled resources of North Shore Hospital's coordinated, multidisciplinary, team approach to the establishment of a pilot, quality, comprehensive Day Care center for children of the hospital staff and explored the national implications of the equal basic opportunities afforded children and families through early preventive health and educational intervention in mixed group settings, and the long-range societal potential of such centers in promoting more effective mental health, social well-being, and major reforms in a qualitative/quantitative, stable job force.

The North Shore Hospital presentation was an informal give-and-take between the panel and the participants. It covered areas of interest about the initial setting up of such a center, its effect on the working mother as well as the children, and the importance of a balanced, mixed socio-eco-ethnic grouping.

The Pre-School Education Center which is located in the hospital, is in the unique position of being able to offer a complete service to foster physical, cognitive, and social-emotional growth. All children of the hospital staff in *all* areas are required to undergo a complete pediatric physical examination in the hospital out-patient clinic. Any problems which are uncovered are then followed up by medical specialists in the hospital. To date, two children have undergone corrective surgery as a result of the physical care. All the children are screened at vision, dental, speech and hearing clinics with follow-up treatment given when needed. The children have a good portion of their daily nutritional needs met during the hot lunch period. This gives the working mother great leeway in meals which must be served at home.

The children are stimulated by the wide variety of games, crafts, and activities at the center. They are exposed to new and different learning experiences both in the classroom and through trips to interesting areas (zoos, farms, etc.).

Mothers benefit from involvement in a group session through which they learn what to expect in normal maturational patterns and have time to explore their own feelings about the many problems of being a working mother.

Title: DAY CARE CENTER AND THE HOME: RELATING TO THE WORKING PARENT
Leaders: Marion Easton, Yvonne Bradey Fredericks, Barbara Smith

Content: The group consisted of teachers, family counselors, early childhood students, and parents.

The special difficulties working parents may face in participating fully in the Day Care center and different plans for meetings and workshops were discussed; it was agreed that these should be planned so all parents can participate at some time. It was felt that parents could contribute in many other ways, including working with the children. The atmosphere of the center is most important. All staff members need to welcome and accept parents as part of the team; the parent is the child's first teacher and should be used as a consultant by the teacher.

It was the consensus of the group that most Day Care staff members and most parents want to establish better communication. Teachers and parents can share their expertise for the benefit of the child and the family. All need to work harder in furthering this relationship.

Title: PARENT-COMMUNITY INVOLVEMENTS: MODEL PROGRAMS
Leaders: Mary Darden, Micaela Hickey, Robert Smith, Geraldine Thompson

Content: These problems were raised during the discussion:

1. How are parents truly involved? (As Board members; in setting policy; in selecting staff; etc.)
2. How do we help parents identify their goals and what they want from the Day Care program?
3. How can centers (both Head Start and Day Care) plan for changes or replacement of the parents whose children leave the program?
4. How does the interim Board plan for the active participation of community people in a new center? Shall they be elected for a specific length of time? (Balance between parents and community should be kept.)
5. New groups have a specific need to clearly identify the roles and goals for the Board; these must be tailored to the specific neighborhood and setting.

The participants resolved that:

1. Day Care and Head Start programs must develop a follow-through program for their children;
2. They must develop their own techniques to keep a high level of participation of parents and to maintain their participation;
3. Parents and children must use the programs as a basis for developing the knowledge and skills needed to assume their rightful role in the running of schools;
4. They must develop ongoing workshops for parents;
5. Parents need to know the curriculum of the public schools in their area to determine if it works for their children.

Title: TEACHERS, DIRECTORS, AND PARENTS IDENTIFY EDUCATIONAL GOALS
Leaders: Marie Durdin, Gladys Weeks, Irene Tyler

Content: Educational goals for pre-school children are centered around the question: What

do we—teachers, directors, and parents—want a child to become, as an individual and as a member of a group? The Day Care center must assign specific responsibilities to and utilize the unique competencies of parents, teachers, and directors. The functions of these participants in the management of the Day Care center include:

Director Relationship and Structure for Work with Family Counselor

1. Group composition—age, maturity of children, basic developmental growth;
2. Knowledge of family composition—background, special abilities, and experiences;
3. Community resources—referral agencies, schools, etc.;
4. Selection of appropriate materials and supplies for educational development;
5. Administrative structure—budgetary allowances, staff schedules, conferences, workshops, staff, parent development;
6. Health and nutritional needs of children.

Teacher Training and Special Skills in Early Childhood Education

1. Developmental stages;
2. Group composition—recognition and planning for special children in the group (this includes health and nutrition);
3. Teacher team relationships;
4. Integration of parents and other resource persons, groups;
5. Program planning;
6. Room management;
7. Function of comprehensive goals within the group:
   - Children's progress records
   - Running records, observations
   - Room conferences
   - Individual conferences
   - Planned parent conferences;
8. Methods of evaluation.

Parent Role of Parent

1. How parents see themselves—as parents, foster parents, and grandparents;
2. Parents' initial interpretation of their needs for the service (family counselor, parent, and director identify and evaluate needs for the service);
3. Parent-director initial relationships (conferences—briefing and history of center);
4. Parents' responsibility to children, teacher, volunteer worker—overall participation and involvement;
5. Parents' educational goals:
   - Group experience prior to center
   - Group experience during center
   - Carry-over to the home
   - Policy making and educational goals;
6. Parents as resource persons.

CHILDREN IN DAY CARE

Title: THE VERY YOUNG CHILD–INFANCY TO FOUR
Leaders: Sheldon Putterman, Georgianna Werner

Content: The group considered the difference between the Very Young Child and the Young Child. Consideration was given to the fact that Group Care programs can be a major determinant in the development of present and future good mental health and the opportunity for care-givers of Very Young Children to move into the area of awareness and handling of the health needs of the Very Young Child. The participants discussed the appropriateness of materials and experiences geared to the maximum growth of the social, intellectual, physical, emotional, and muscular potential of the Very Young Child.

It was agreed that there is a need for care-givers who are perceptive, caring, informative people who can deal with children as children.

Title: ROLE OF THE PHYSICIAN–MEETING HEALTH NEEDS IN DAY CARE
Leaders: Marvin Blumberg, William Hewlett

Content: **First Hour** Physician's Role in Meeting Health Needs in Day Care

Physical health, acute illnesses, accidents, nutrition, dental health, mental health, community involvement in education, participation, etc.

Questions and discussions from the floor revolved around the unavailability of a sufficient number of physicians to provide adequate and thorough examinations, immunizations, screening and other testing, record keeping, etc. and the disinterest on the part of available physicians to provide these services.

RECOMMENDATION: MONEY to provide these services.

Second Hour The Battered Child (child abuse)

Who abuses? (mothers 70% of the time)
How abused?
Why abused? (parents' childhood, alcoholism, etc.)
Remedy:
Remove child from home;
Rehabilitate family (social worker) economically, psychiatrically;
Return child to family (courts, etc.).

PREVENTION: Counseling and financial assistance–MONEY to prevent frustrations.
Education (PTA, public media);
Show love.

QUESTIONS:
How do Day Care centers deal with 3- and 4-year-olds who have emotional problems because parents are addicts and child knows it?
What is the mechanism for reporting to the Department of Welfare or the Society for the Prevention of Cruelty to Children?
How much painful childhood experience is remembered into adulthood? (Abusers, many times, have been abused.)

Title: ROLE OF THE SOCIAL WORKER
TRAINING SOCIAL WORK PARAPROFESSIONALS
Leaders: Helen Hamlin, Doris Schaeffer, Edith Blustone, Mona Solomon

Content: A. PURPOSE AND GOALS

Presenters used guidelines described in *Job Description of Family Counselor* available from the Agency for Child Development, Human Resources Administration, Georgia McMurray, Commissioner. Descriptions of job assignment were clarified:

1. Direct services as an employer
   discussant Mrs. Blustone
2. The consultant provided by Child Development
   discussant Miss Douglas
3. The team approves providing direct case work service
   discussant Mrs. Starres
4. The trainer of the family counselor
   discussant Miss Speight

B. QUESTIONS

1. What will the city resource centers provide by way of social services? (It was clear that this group felt that coordination of existing services is not enough; consultation is inadequate; and workshops do not provide adequate professional supervision for the paraprofessional.)
2. What is being done for the supervision of social service workers in the planning of staff development?
3. What is the accountability of the family counselor with respect to professional case work evaluation of her job?
4. What will the resource centers provide in mental health service to the Day Care centers?

C. DISCUSSION

1. Role of paraprofessional and MSW in Day Care
2. Description of a private social agency (Sheltering Arms) providing consultation in social work to city Day Care centers
3. Description of day centers in White Plains that provide full range of professional social work services
4. Description of the role of the social work consultant from the Agency for Child Development

C. RECOMMENDATIONS TO AGENCY FOR CHILD DEVELOPMENT

1. Make Day Care center directors aware of the qualifications and competencies of the MSW as a consultant;
2. Build in professional accountability of the family counselor;
3. Make Day Care center directors aware of the availability and feasibility of using private social agencies to provide social work consultation (e.g., grants, foundations, etc.).

Title: THE CEREBRAL PALSIED CHILD AND OTHER PHYSICALLY HANDICAPPED CHILDREN
Leaders: Eunice Cox, John Hicks, Berta Rafael

Content: The workshop participants discussed the problems of adapting the criteria for providing service in Day Care centers to meet the needs of severely physically handicapped children. They voiced their concern about the limitations of staff provided by the programs—it is inadequate; smaller groups are needed; more supportive staff is required; different admissions criteria for parents to receive services should be established (younger children need more services, parents need help in transporting children to programs); part-time programs for initiating services to younger children are needed.

The problems of separate versus integrated models for handicapped children were considered at length. The group was concerned:

1. that a stigma was attached to special programs in Day Care that focus only on crippled children—while recognizing the unique needs of the handicapped children;
2. that a multi-pronged approach should be established that would provide separate as well as integrated services;
3. that when efforts are made to integrate handicapped children into regular programs - a high level of supportive services are needed to make such programs succeed;
4. that specific work is needed to develop positive attitudes;
5. that appropriate public education services are critically needed by the cerebral palsied child as well as other physically handicapped children.

Title: LEARNING AND CULTURAL ASPECTS OF NUTRITION
Leaders: Emma Bradford, Esther Feinberg

Content: Young children, regardless of their cultural background, must adjust to their new surroundings and feel comfortable before they will eat unfamiliar foods. Ways to accomplish this:

I. PARENTS
- A. Admission interview - Learn about child's eating habits, allergies; learn about parents' eating habits; review center's menus.
- B. Adjustment period - Invite parent to eat at the center; share food information with parent—*Focus on Food* and any other current books in English and Spanish on food and nutrition.
- C. PTA meetings - Plan discussions on nutrition as requested; arrange for film and speakers.
- D. Individual conferences - Held if the child has an eating problem at home or at the center (noted by parent or teachers); some parents put too much emphasis on food; suggestions given to parents for menu planning (suppers, weekends).

II. CHILDREN
- A. Eating habits before admission - Drank from bottle; spoon fed; soft baby food; unbalanced diets.
- B. Ways to help children - Family style serving; use of familiar seasonings (catsup in small amount for Spanish speaking children, soy sauce for Oriental children, curry for Indian children).
- C. Gardening project - Buy vegetable seeds; plant seeds and watch them grow; pick when ripe; cook vegetables; eat them.
- D. New foods - Include on a menu of familiar foods; small quantities.
- E. Desserts - Never used as a bribe to eat; never denied if child does not eat other food.

III. TEACHERS

A. Food pictures and stories - Part of program; use as need arises.
B. Record keeping - Children who are consistently poor eaters; foods particularly liked and disliked by the group.
C. Foods used in learning situation - Unfamiliar fruits and vegetables brought into the class; children given opportunity to feel, smell, taste; encourage children to use proper names of foods (not all green vegetables are spinach).
D. Origins of foods - Milk from cows; meat from animals; bread from bakery; eggs from chickens; butter is churned.

IV. COOK

A. Help plan menu with director.
B. Familiarize herself with foods of other cultures.
C. Varied dishes - Italian, Oriental, Spanish, Indian, Jewish, Soul Food, Irish, and whatever nationality the center may have.

V. DOCTOR/NURSE

A. Weigh children annually to check for weight loss or gain.
B. If child is either too thin or too fat, the doctor discusses this with parent and teachers and diet suggestions are made.

VI. MISCELLANEOUS

A. Breakfast program - Many families have little or no breakfast at home; children are introduced to cereals for the first time; it was found that since the breakfast program was introduced the children are less cranky in the morning.
B. AM snack - Served milk prior to breakfast program; now returned to juice.
C. PM snack - Cook bakes cake, muffins, etc.
D. Celebrate all holidays with appropriate foods—St. Patrick's Day, corned beef and cabbage; Passover, matzos; Easter, eggs and ham; Thanksgiving, turkey.
E. Menus include lasagna, chili con carne, chow mein, chopped liver.
F. Nutritional and cultural differences must be considered in planning food services for young children. New York has people from all over the world. People should become aware of different types of foods.
G. Good food habits begin in infancy - Eating regularly; variety of foods; importance of setting good example by adults.
H. Dried beans and rice, when eaten together give greater intake of protein; plantains eaten in place of bread; butter and margarine not in large quantity; calabaca (pumpkin), sweet potatoes, carrots have Vitamin A; many of the Caribbean fruits have large quantities of Vitamin C; Acerola has largest amount of Vitamin C in the world; soul food is used as a basic food in other countries—headcheese, ham hock and collard greens are examples of soul food.

Title: BUILDING A HEALTHY SELF-CONCEPT
Leaders: Hortense Jones, Paula Diebold

Content: The main idea developed related to who the individual is, in terms of not just saying who he is and keeping it to himself, but sharing it with others. That was accomplished most effectively by having the participants experience this through talking about who they were while someone interpreted their thinking. Some basic concepts involved in self-image that transcend pictures and books but may incorporate them, were

then developed. Among these were doing and succeeding; being and belonging. Through actual participation and interaction in small groups, the participants were led to see that these are the things that are important to them and because they are important to them they are extremely important to children.

Another main idea was developed: that parents and community determine what is going to be a healthy self-image. The teacher, the professional, the person outside or as a part of the community structure do not and should not have a final say as to which are healthy self-images. People have images of what they want for their children and for themselves; and only as professionals—and other people whose lives touch children—incorporate, encompass, and become involved in the goals of the community and the parent do they really help children develop a healthy self-image.

Four basic concepts evolved out of a very exciting learning exchange between approximately 25 people:

1. You are who you are when you understand yourself and are able to communicate it to someone else with dignity.
2. Doing and succeeding in this is important.
3. By being and belonging you begin to fell good about yourself.
4. Throughout all of this, knowledge is the power that helps you move along.

Title: THE SPANISH-SPEAKING CHILD
Leaders: Luis Colón, Rita Leake, JoAnn Weaver

Content: I. The workshop stressed the need for
acceptance of the child's first language;
acceptance and at least minimal understanding of the child's culture;
the vital role of non-verbal communication.

II. Three models for language learning, involving objects, activities, and duo-language instruction were presented on videotape.

III. The participants felt there was a need for Spanish classes for practitioners, for the acquisition of conversational classroom Spanish;
specific techniques for teaching English as a second language;
lists of source materials for teaching English as a second language;
specific guidelines on procedures for studying the manner by which different ethnic groups relate among themselves—specifically, non-verbal relationships.

IV. Common elements of need for the Spanish-speaking child were defined as
acceptance of cultur. nd linguistic diversity;
understanding of cultural and linguistic differences;
understanding the importance of non-verbal communication;
providing specific information to study culture and teach language.

Title: DISCIPLINE: GUIDING SOCIAL GROWTH & DEVELOPMENT
Leader: Lilyan Peters

Content: The 20 participants separated into four groups to define "discipline." Definitions were broad and far-ranging. Discipline was seen as everything from obeying and punishment to helping children live in the best possible way. Included were the ideas of setting meaningful limits, caring for and respecting the child as an individual, and fostering responsible decision making as a fully functioning human being operating at optimal capacity.

Professionals need to observe and arrange as much of the environment as possible to foster this development. They need to look carefully at the child (including all aspects of his social, emotional, and intellectual growth), the time involved and how the children's time is used, the activities provided and how they aid growth, and the way children are involved in meaningful decision making.

Recommendations made include ongoing self-evaluation by the teacher in relation to these goals. It was also recommended that the College sponsor many more of these workshops.

Participants' Responses

The following questionnaire was distributed at the end of the conference for participant reflection and recommendation.

In order that the Queens College Early Childhood faculty may work with you in meeting the needs. for comprehensive Day Care services, we invite you to indicate on the following form the services which would be of greatest value to you. Please check in appropriate spaces.

We are most interested in your responses and will use them to help us formulate possibilities for implementation.

_____

Name _____

Agency _____

Address _____

.....

I *Conference Proceedings*

_____ I would like to have the Conference proceedings sent to me.

II *Courses*

1. I am interested in courses leading to certification and degree

_____ a. graduate
_____ b. undergraduate
_____ c. associate degree

2. I am interested in course work in the following areas:

_____ child development
_____ child psychology
_____ learning programs for children
_____ supervision
_____ community involvement
_____ community organization
_____ family-school relations
_____ workshop for paraprofessionals

3. I am interested in courses given:

_____ mornings
_____ afternoons
_____ evenings
_____ Saturdays
_____ Summer
_____ Fall-Winter
_____ Winter-Spring
_____ Other courses? Please list

III *Other Possibilities*

_____ 1. Would you like trips to places of interest in and around New York arranged by the College?
_____ 2. Are there other services or ways in which you feel that Queens College could be helpful to you? Please list.

Summary of Day Care Conference Questionnaire Responses

A. Overall Responses

Total No. of Questionnaires Returned	240
Total No. Requesting Conference Proceedings	228
Total No. Requesting Courses and Other Services	173

B. Breakdown of Responses into Categories[1]

	No. Responding
I Conference Proceedings	
I would like to have the Conference proceedings sent to me.	228
II Courses	
1. I am interested in courses leading to certification and degree.	
a. graduate	79
b. undergraduate	30
c. associate degree	19
2. I am interested in course work in the following areas:	
child development	67
child psychology	61
learning programs for children	95
supervision	46
community involvement	49
community organization	36
family-school relations	52
workshop for paraprofessionals	35
3. I am interested in courses given:	
mornings	18
afternoons	18
evenings	86
Saturdays	65
Summers	42
Fall-Winter	47
Winter-Spring	38
Other courses? Please list.[2]	
III Other Possibilities	
1. Would you like trips to places of interest in and around New York arranged by the College?	96
2. Are there other services or ways in which you feel that Queens College could be helpful to you? Please list.[3]	

C. Written Responses

Many of the questionnaires were returned with written responses. A number of these expressed favorable reaction to the Conference, and asked for "more of the same." In general, the responses indicate an *active* desire for utilization of our staff in a number of ways: to teach courses; to serve as consultants (several asked for lists of available and competent personnel to work with local Boards); and to help in a variety of capacities particularly in getting new centers established and running. There was a strong indication that faculty ought to be involved and working within a given community where resources could best be utilized.

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[1] Sums are not cumulative since most respondents checked more than one category

[2] See written responses

[3] See written responses

Verbatim Responses

Undergraduate courses in Day Care for the handicapped.

Graduate courses in vocational rehabilitation.

Graduate Ph.D.

Evening courses in Nassau County.

Print a list of places to take children other than the usual places.

More frequent conferences so that people could attend more workshops.

"On-site" or "in the area" courses for total or part of a staff.

Ongoing Queens College consultation service: training options for paraprofessionals, parents, and professionals; options for various types of education programs; some health program models; a list of people available who would share their expertise.

Use of facilities (theaters, gyms, concert halls, craft shops).

Resource people for consultation (i.e., psychological problems, program planning).

Teachers interested in setting up adult education classes on a voluntary basis.

Courses in open classroom management and curriculum.

Setting up a good, large, well-run, 24-hour Day Care center for students, teachers, and surrounding communities.

Visit *selected* Day Care centers with colleagues and students.

Supply a Day Care center (at Queens College) so that I may continue my education knowing that my child is given good–not custodial–care; this would eliminate my guilt feelings as a mother pursuing her education at the expense of her child's welfare.

Develop a list of all those citizens sufficiently qualified to provide the expertise in Early Childhood Education that a board needs to be sure the center it sponsors fulfills the primary goal of appropriate care, protection, and education of children and service to the families.

Incorporate selected courses in the Staten Island Community College curriculum.

Underwriting groups that are needed and have a sound proposal.

Opening your school to the broader community.

Having "community folks" contribute as lecturers on social problems.

Trips to visit well-run Day Care centers would be helpful.

Courses for family workers in Day Care centers.

Courses–food for the pre-school child; nutrition at home and school; food as a learning program.

Course–games for academic acquisition and learning the three Rs.

Courses designed to meet the needs of the urban-oriented child.

Providing in-service training for employees (staff, administration); possibly on-site training.

Teacher trainees with expertise in particular areas.

More information on training programs for paraprofessionals.

Making arrangements for transfer of Child Care credits to Queens College for a B.A. degree in Early Childhood Education.

In-service workshops for teachers.

Off-campus courses.

Assist our project (ACTION) in releasing faculty interested in teaching in the community where the Day Care centers are located.

Sending help when and wherever help is needed to help [the] Day Care [center].

More workshops.

Develop in-service board, parent, and staff training program.

Courses within the community–released time should be made available for concerned faculty to come into local community for credit and a minimum course.

More interaction between faculty of teacher education departments and the school in which their students intern.

Course credit given for life experience.

Communication of activities in college.

Aid in having federal government recognize that Queens needs more public health services which have steadily declined.

Courses for board members and parents in Day Care operation.

Providing consultants for parent meetings and staff workshops.

Gathering or generating statistics, data.

Coordinating and disseminating any information on legislation, research, etc.

Course–practical methods.

Development and distribution of an annotated bibliography on Day Care.

More workshop programs and summaries of ideas on practical areas.

Students (preferably graduate) in Early Childhood to conduct "mini workshops" in Health Department child health stations for mothers waiting for their children's health examinations. These are children too young for or not in Day Care. Content could be child development, preparing your child for school, etc.

More workshops such as those offered at this conference (music, art, math, science, etc.).

Suggest need for expansion and development of private funding and involvement for Day Care centers, especially new and embryonic ones.

Development of middle income Day Care.

Day Care-Related Programs at Queens College

Among the programs offered at Queens College in the Fall 1972 semester that have particular relevance for persons concerned with Day Care are the following:[1]

Early Childhood Center Graduate Courses:
Seminar and Practicum in Supervision and Administration of Day Care Programs
Seminar and Practicum in Early Childhood Education as it Relates to Day Care

Early Childhood Education Graduate and Undergraduate Programs

University Year for ACTION (Day Care Consultation Program)

[1] Consult the Queens College graduate and undergraduate catalogues for future offerings.

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